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To:	Company:	Fax Number:	Tel Number:
Examiner: Huy C. Ho	USPTO	+1.571.273.8300	
From: Lawrence J. McClure		For internal purposes only:	
Date: January 19, 2007		Client number:	81887.0128
Time:		Attorney billing number:	1966
Total number of pages incl. cover page: 13		Confirmation number: Return Fax to D. Zynn	

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**MESSAGE:**

Patent Application No.: 10/542,225; Our Ref. 81887.0128

I hereby certify that the following documents:

Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 19, 2007  
Date of Deposit



Diane Lynn

FORM PTO-1083

Attorney Docket No.: 81887.0128  
Serial No.: 10/542,225

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE CENTRAL FAX CENTER

In re application of:

Kenji KONO

Serial No: 10/542,225

Confirmation No.: 3354

Filed: July 14, 2005

For: WIRELESS COMMUNICATION TERMINAL AND  
HANDOFF DETERMINATION METHOD

Art Unit: 2617 JAN 19 2007

Examiner: Huy C. Ho

I hereby certify that this correspondence  
is being transmitted via facsimile to:  
(571) 273-8300:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

January 19, 2007

Date of Deposit

Diane Zynn

Name



01/19/07

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below:

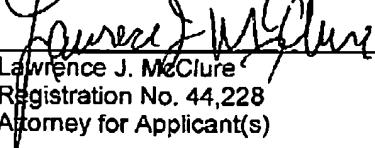
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	..	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	---	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						
					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 60 SHEETS		\$ 0
					TOTAL	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
  - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
  - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN &amp; HARTSON L.L.P.

By: 

Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Date: January 19, 2007

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Appl. No. 10/542,225  
Amdt. Dated January 19, 2007  
Reply to Office Action of October 20, 2006

Attorney Docket No. 81887.0128  
Customer No.: 26021

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Date of Deposit  
Diane Zynn  
Name  
Signature 01/19/07  
Date

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 20, 2006, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.